Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed wilhin 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

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State Training School]
Name of Department or Office 3211 Edgington Ave.		Fidovo 14	50627		
Mailing Address	Eldom, IA, 50627 City, State, Zip Code				
Area Code & Telephone No.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		1
•	RECIPIENT DEPARTMENT OR OFF	ICE:			
Kristin Hagedon					
Name			Eldom, IA, 50627		
Malling Address (if different from above)			City, State, Zip (if different from above)		
khagedo@dhs.zinie.fa.us					1
Email Address			Area Code & Telephone Number (If different from	above)	
ONOR OF GIFT, BEQUES	T. OR GRANT:				
Eldora Kiwanis Club (c/o					
Name	b Debia Fliske;	.		2	Vije
710 11th Ave.	Eldora, IA 50627			=	7
Mailing Address	Cily, State, Zip Code	il	3/1/2011 \$ 300.0	00 APR	
	ony, diamo, zip oods				74
Area Code & Telephone Numb	ner	4	Date of Gift, Bequeat, or Grant Amount/V	(alue, 1	3
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Email Address (optional)			receiving department or office. If no value mark "O	1.00".	
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Provide a description of the gi	lft, bequest, or grant and purpose thereof:	!		ယ	7
\$300 cash donation to	be used towards basketball to	umar	nent		
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Criteria to use this form:		• • • • • • • • • • • • • • • • • • • •			ヿ
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talement of Affirmation:					
Kristin Hagedon	Affician that the all to surrect an extract	44	to the second of		
	anum insi ins gin, bequesi, or grant rapor	rea abo,	re is accurate. I further affirm that the information co	moenting the	

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donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon

4/6/2011 ____

Revised 06/05

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School			
Name of Department or Office 3211 Edgington Ava.	Fidore IA \$0627		
\ \	Eldore, I.A., 50627 City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	ICE:		
Kristin Hagedon			
Name 3211 Edgington Ave.	Eldorn, IA. 50627		
Mailing Address (if different from above) khagedo@dks.state.is.vs	City, State, Zip (If different from above)		
Email Address	Area Code & Telephone Number (il different from above)		
ONOR OF GIFT, BEQUEST, OR GRANT: American Legion Auxiliary (Marilyn Black, Pres.)			
Name			
306 4th Avc. NW Pocahontas, IA 50574			
Mailing Address City, State, Zip Code	3/1/2011 \$ 250.00		
	Date of Gift, Bequest, or Grant Amount/Value*		
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Email Address (optional)			
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Provide a description of the glit, bequest, or grant and purpose thereof:	o ====		
6 footballs, 6 basketballs, 12 frizbees, 12 decks of pi			
	laying cards		
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Receipt of any gift, bequest, or grant that is received by any departmen	C. 3		
	to the size of received by the Corellor direction of the size.		

Statement of Affirmation:

Kristin Hagedon

affirm that the gift, bequest, or grant reported above is accurate. I further effirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin' Hagedon

4/6/2011 Date